

5/14/01-90273-011-\$61.25-\$61.25

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000000590**

1. Entity Name

**PALM BEACH CHRISTIAN WOMEN'S TEA CLUB INC.**

Principal Place of Business

106 BANYAN CIRCLE  
JUPITER FL 33468

Mailing Address

P.O. BOX 811  
JUPITER FL 33468

2. Principal Place of Business

106 Banyan Cir.

3. Mailing Address

P.O. BOX

Suite, Apt. #, etc.

Jupiter

Suite, Apt. #, etc.

City &amp; State

Jupiter FL

City &amp; State

Jupiter FL

Zip

33458

Country

P.B.C

Zip

33468

Country

P.B.C

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAOUS, ODALYS  
106 BANYAN CIRCLE  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name CAOUS Odalys

Street Address (P.O. Box Number is Not Acceptable)

106 Banyan Cir.

City Jupiter

FL

Zip Code

33458

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Odalys Caous President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/01

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, PENELOPE	
STREET ADDRESS	110 BANYAN CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIPALO, CONSUELO	
STREET ADDRESS	1108 SIOUX STREET	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	HRONEC, MIRIAM	
STREET ADDRESS	144 CYPRESS COVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Mary Grace Sorrentino	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2715 Peer Lane	
STREET ADDRESS	Delray Bch, FL. 33445	
CITY-ST-ZIP		
TITLE	Pat Kiernan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	208-A Sunset Ave.	
STREET ADDRESS	P.B. FLA. 33480	
CITY-ST-ZIP		
TITLE	Diane Hoffman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8224 White Rock Circle	
STREET ADDRESS	Boynton Beach, FL 33436	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Odalys Caous President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

561/743-3426

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 20 PM 4:45

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DO NOT WRITE IN THIS SPACE

CR2003000000

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